STATE OF SOUTH CAROLINA	)	249581
(Caption of Case)  Example: Application for a Class C Charter Certificate from	) PUBLIC SERVI	RE THE CE COMMISSION I CAROLINA
John Doe dba Doe's Limo	)	ON COVER SHEET
	DOCKET NUMBER: 2014	- 112 -T
Application for a class C Non-Emergency Certificate From Chiquita Foster Push (Please type or print)	have filed with the Commission by	pplication with the PSC, you will not nission will assign one to you. If you fore, a Docket Number was assigned
(Please type or print) Submitted by: Chiquita Foster Posh/B	and should be entered above.	
Address: 7542 Mill blook Bd	Fax:	1521/7151 446/680Z
Culumbia, 50 79223	Other:	
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service.	Email: Card B tran	partentiun cumpanye pamon
as required by law. This form is required for use by the Public Service be filled out completely.	es nor supplements the filing and see Commission of South Carolina for the	rvice of pleadings or other papers ne purpose of docketing and must
NATURE OF ACTION	(Check all that apply)	
Application - Class A/A Restricted	Request for Nar	ne Change on Certificate
Application - Class C Taxi	_ 1	nd Scope of Authority
Application - Class C Charter		nd Tariff (rate increase, etc.)
Application - Class C Charter Bus  Application - Class C Charter Bus		nd Passenger Limit
Application - Class C Non-Emergency MAR 2 0 2014	Request	A A AUSONGOI EMM
Application - Class C Stretcher Van	☐ Exhibit	
Application - Class E Household Goods CAS OFFICE	Late-Filed Exhib	.:.
Application - Class E Hazardous Waste	Letter	)ii
Application		
Request for Extension to Comply with Order	Proposed Order  Publisher's Affid	avit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Lette	
Request for Cancellation of Certificate	Response	
Request for Suspension	Return to Petition	1
Request for Reinstatement	Other:	
f you have any questions about this form, please contact the Pl		/0

2.

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date: 3/19/14
1. ( >)	onvenience and Necessity, in accordance with the provision dments thereto.
Cana R Transportation Com	pany LLC
1. Name under which business is to be conducted (correction	
Cand B transportation Comp. 7542 Mill brould Boad Street Addition	ress of Applicant SC 27223
Mailing Address of Applican	ot (if different East)
803 132117151 803/446/8948	702
Land B transportation Company Email	I Address
If the Applicant is an LLC or a corporation, a copy of the Secretary of State and the Articles of Incorporation must be Carolina Secretary of State "Foreign Corporation" Certification of the Carolina Secretary of State "Foreign Corporation" Certification of the Carolina Secretary of State "Foreign Corporation" Certification of the Carolina Secretary of State "Foreign Corporation" Certification of the Carolina Secretary of State "Foreign Corporation" Certification of the Carolina Secretary of State (Carolina Secretary of State (Carol	
3. Select Entity Type: (Check one)  [ Individual Owner/Sole Proprietorship	
Partnership - List names and address of all person	having an interest in the business.
Corporation - List names and addresses of two prin	Dill brould Bound Colombia, Sc
29663	
Chiquita Fuster Push 75 Columbia SL 29223	142 Mill brook Broad
1 of	-A-C
i or	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### **BALANCE SHEET**

Balance at Time Application is Filed:

Month 5/9/ Year 2024

Assets:	17701111
Cash	2,000
Receivables	1,500
Real Estate	70,000
Buildings and Equipment (Net)	5,000
Motor Vehicles (Net)	7,000
Garage Equipment (Net)	2,500
Machinery and Tools (Net)	7,000
Supplies on Hand	3,500
Prepaids and Other Assets	
Total Assets *	97,5000
	1 1/3000
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	70,000
Equipment Obligations	10/000
Accrued Salaries and Wages	1,400 gnorth
Other Accrued Obligations	
Other Liabilities	On My
Total Liabilities	72,345 Inverse
	,,,,,
Capital Stock	
Retained Earnings	25155
Total Equity	2611
Total Liabilities and Equity *	9-1 (00
* T - / 1 A	97,500

<sup>\*</sup> Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

40 dollars | hour

You will only be authority if you in	of Authority: Check allowed to operate in atend to operate in a	call counties in which in those counties chec Il counties in South (	h you are requesting cked below. You ma Carolina.	permission to operate. y request "Statewide"
Abbeville	Cherokee	Florence	Lee	☐ Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Surnter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	☐ Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	☐ Kershaw	Orangeburg	[] Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Pairfield	Laurens	Richland	

### DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

1-7 Passengers, including driver

8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
Windsfar	2002 Windstar	7 FMZASOYZZBB098/9		NO

06-MAR-2014 22:08

From: 8033338818

Page: 3/3

### INSURANCE QUOTE

This form MUST BE COMPLETED AND SI The insurance quote must be complete, listing of insurance policies may be required. Do not pro- purchase insurance until your application has be	ride a new rest of the discission of the discission	non of the Cou	mission, a copy of current
	een approved and an order has been issued	by the PSC.	HIS IS ONLY A QUOTE.
The following insurance quote is for:			
- Card & Trans	Name of Applicant  Address of Applicant	110	
, ·	Name of Applicant		
7542 Mill brook	Rd Columbar	50 2	922.3
	Address of Applicant		
Amount of Premium:			
Liability Insurance \$ 3800.	6.0		
The above quoted premium is for a term of Minimum Limits - Bodily injury and prethan the following:	months. operty damage limits will not be less		
		Lim	its Quoted
Liability Combined Bach Occurance	\$ 1,000,000	1000	<i>ಮಾ</i> ಎ
Medical Payments per Person	\$ 1,000	100	
- American	Service Insur		
28181 /	Name of Insurance Company	<u> </u>	
20 93A W H	Alnesto St Flor  ome Office Address of Company	eace, J	10295 7
I am familiar with the Commission's Rules of meets the minimum insurance limits prescri South Carolina Department of Insurance to	and Regulations relating to insurance to bed. The insurance company making do business in South Carolina.	requirements this quote is	and the above quote authorized by the
3-6-20/4 Date		43-40%	25082
Date	Authorized Insurance Company Re		
NOTICE:			
f you wish to self-insure your motor vehicle Ann. Sections 56-9-60 and 58-23-910. For m	s for liability and property damage, your information, contact Vickie Coke	ou must comp	bly with S.C. Code

Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit.	Willing, and	Able	(FWA)
--------------	--------------	------	-------

Bose- Push in	d Chiquita	Fosker Pugh	,	
		Name		
U.S.I	O.O.T No.		ICC No.	
<ol> <li>Is there currently any of Yes</li> <li>If Yes, indicate nature</li> </ol>	No			
2. Is Applicant familiar wi carrier operations in Sou statutes and regulations		gulations, including safety nd does Applicant agree to	regulations and go operate in compl	overning for-hire motor iance with these
Yes	O No			
3. Is Applicant aware of th therewith?	e Commission's insu	rance requirements and the	insurance premit	ım costs associated
Yes	O No			

### **Exhibit on Driver Qualifications**

1	~	s permient of its edu	IVAIC	ers must possess at least a current American Red Cross at, and records that verify/record such training must be business within South Carolina.	Standard First Aid and kept on file at the
	Č	Yes	С	No	
2	. Арр	licant understands tha	t driv	ers must be in compliance with all OSHA regulations.	
	6	Yes	0	No	
3	. Appl	licant understands tha way radios, first-aid k	t driv	ers must be trained in the use of all vehicle installed saf re extinguishers, and other equipment as outlined in PS	ety equipment such as C Regulations,
	•	Yes Yes	0	No	
4.	Appl with	icant understands that disabilities, including	drive whee	rs must be able to physically perform actions necessary lchair users.	to assist persons
	•	Yes	0	No	
<b>5</b> .	Appli easily	cant understands that identifies the driver a	drive and th	rs must wear a professional uniform and photo identifice company for whom the driver works.	cation badge that
	•	Yes	0	No .	
		cant understands that ety, and records that vess within South Caro	CILIAN	s must complete twelve (12) hours of in-service training record such training must be kept on file at the compan	g annually in the area y's primary place of
	<b>6</b>	Yes	0	No	

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and mendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority ih South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application.

The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

> e.g. President, Owner, etc.) Title of Applicant

STATE OF SOUTH CAROLINA

WORN TO BEFORE ME

Commission Expires 1-16-2020

# The State of South Carolina



Office of Secretary of State Mark Hammond

## Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

C AND R TRANSPORTATION COMPANY LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 7th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of February, 2014

Mark Hammond, Secretary of State